Nonartment of V	otorane Affaire	FIRE INCIDENT	DEDODT	TYPE OF REPORT	_
Department of V				NEW	REVISED
NAME OF FACILITY	RE	GION NO. 1. FACILITY NO. 2. INCI	DENT NO. 3. DATE	4. DAY AND TIMI	E OF ALARM (24 hour clock)
5. WHAT HAPPENED	11. Fire in structure 15	6. Refuse call (outdoor trash)	61. Smoke scare (non-fire)		
		). Rescue call	71. Malicious false alarm		
	·		79. Other false alarm	99. Other:	
NOTE: Continue below ONLY for Structure fire. Brief narratives should be placed on back of form.					
6. TYPE OF BUILDING		. Day care 430. (Non)housek . Hospital 565. Laundries	eeping qtrs 708. Mainte 882. Parkin	enance Shop	
	1	. Hospital 565. Laundries b. Psychiatric 590. Offices/outpa		_	
1 1 1		0. 1 or 2 family 614. Energy plant		ty under construction	
	_	). Apartment 627. Laboratory	009. Other:	•	
7. PRIMARY IGNITION FACTOR	11. Arson (non-patient)  33. Falling asleep  50. Mechanical failure (i.e. electrical, part failure, part worm out)				cal, part
12. Arson (patient)		35. Cutting and/or welding		oart worn oùt) r design or constructio	
1.1	21. Suspicious	40. Misuse of material (i.e. poor	· ctoraga	r design or construction eration (i.e. unattended	
	31. Discarded material (cig	improper fueling)	99. Other:	7441-041 (1.1.1 III.	, , , , , , , , , , , , , , , , , , , ,
8. BUILDING NO.	9. FIRE DEPARTMENT RESPO	NDED			
	9. YES 0. NO				
10. NO. OF INJURIES/FATALITIES			🛕		
	·	ITORS, ETC. IN HIDIES		omplete supplemental report	
	PATIENT, EMPLOYEES, V VA FIREFIGHTER DEATH:			триене ѕирриетении герогі	
	VA FIREFIGHTER DEATH.		3		
11. AREA OF FIRE ORIGIN		Small assembly 22. Sleeping (5-	+) 31. Laborato:	ry 61. 1	Machinery room
		50-100 people) 23. Dining	33. Treatmer	. (70)	Incinerator
	l ,	Lounge 24. Kitchen	34. Operating		Maintenance shop
	11. Large assembly 15. I	Retail 25. Lavatory, lo	cker room 35. Electrica	l Equip. 99.	Other:
1 1	(seats 100 people) 12. Open room	Library 26. Laundry	49. Storage		
		Sleeping (under 5) 27. Office	59. Elevators	s, chute, shaft	
12. EQUIPMENT INVOLVED IN IGNITION	10. Heating system only	40. Electrical system	81. Incinerator	99. Other:	
IGNITION	20. Cooking equipment	50. Non-patient care applican			
	30. Heating and cooling sy	**	98. No equipment invo		
13. FORM OF HEAT IGNITION	10. Fuel fired equipment	30. Smoking materials		ot object (i.e. lamp, asl	1)
11 FIDOT ITEM ICANITED	20. Electrical Equipment 40. Open flame (i.e. match, welding, candles) 99. Other				, • 1
14. FIRST ITEM IGNITED	10. Structural component 34. Wearing apparel not on person 50. Supplies 76. Cooking material  20. Furniture 35. Wearing apparel on person 61. Electrical wire 99. Other:				ig material
	20. Furniture	35. Wearing apparel on person	, <b>11</b>	vire 99. Other:	
	31. Mattress, pillow 32. Bedding, blanket	36. Curtains 44. Files	65. Fuel 75. Trash		
15. METHOD OF EXTINGUISHMENT	1. Self-extinguished	44. Files 4. Automatic extinguishme		partment connected h	oseline from standpipe
15. METHOD OF EXTINGUISHMENT 1. Self-extinguished 4. Automatic extinguishment system 2. Garden hose, bucket, sand, etc. 5. Preconnected hoseline from truck 9. Other:					
	3. Portable extinguishers	6. Preconnected hoseline f			
16. ESTIMA	ATED LOSS				
STRUCTURE	CONTENTS				
\$	\$				
17. EXTENT		Confined to the object of original to the original to the object of original to the original to t	9		d beyond structure
FLAME	SMOKE	<ul><li>2. Confined to part of room of of</li><li>3. Confined to room of origin</li></ul>	origin 5. Confined to floor 6. Confined to struc	•	age of this type mined
18. DETECTOR PERFORMANCE	Detectors in the room of	fire origin, and they operated	4. Detectors not in room o		
2. Detectors not in the re		n of fire origin, detectors 5. Detector in room of fire origin, fire too small to set off detector			
	3. Detectors in the room of	fire origin and they malfunctioned	8. No detectors present 9. Other:		
19. SPRINKLER (OR OTHER 1. System operated		8. No equipment present			
SUPPRESSION) PERFORM- ANCE	2. System should have open	rated but didn't	9. Other:		
	3. System present but fire t	oo small to require operation			
20. PATH OF SMOKE TRAVEL	Air handling duct	4. Stairway	7. Utility opening in		
	2. Corridor	5. Opening in construction	8. No significant smo	oke travel	
	3. Elevator shaft	6. Utility opening in wall	9. Other:		
SIGNATURE		TITLE		FTS TELEPHONE NO.	DATE
APPROVING SIGNATURE		TITLE		DATE	